

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15433

State File No.

FILED MAY 8 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
in this community..... years, months or days)

3. (a) PRINT FULL NAME Georgia Loueva Miller
Infant Daughter of C. Q. Miller

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 10 1944
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
12 hr. 12 min.9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Clifford Q. Miller13. Birthplace Bagley Iowa
(City, town, or county) (State or foreign country)14. Maiden name Marjorie Dusky15. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Georgia Binney(b) Address Sedalia, Missouri17. (a) Burial (b) Date thereof 4-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Hill18. (a) Signature of funeral director McLaughlin Bros.(b) Address Sedalia, Missouri19. (a) 4-11-44 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
year 44 hour 12 minute 0 M.21. I hereby certify that I attended the deceased from Birth
Apr 10 1944 to Apr 10 1944
that I last saw her alive on Apr 10 1944
and that death occurred on the date and hour stated above.Immediate cause of death Transition from prematurity
Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....23. Signature J. T. Bishop (M. D. or other)Address Sedalia Date signed 4-11-44

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Miller

FIVE
Health Officer No.
File 5-5-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.